

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

Alann Vega

MAY 02 2016 *AS*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Wexford Health Sources
Inc, Dr. Obasi, Dr. A.
Funk, Michael Lemke,
Michael Magana and
Randy Pfister

1:16-cv-4907
Judge James B. Zagel
Magistrate Judge Young B. Kim
Ca PC1
(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Alann Vega
- B. List all aliases: N/A
- C. Prisoner identification number: R04203
- D. Place of present confinement: Stateville C.C.
- E. Address: P.O. Box 112 Joliet, IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Wexford Health Sources, Inc.
Title: Corporation
Place of Employment: all of Illinois State's Prisons
- B. Defendant: Dr. Saleh Obasi
Title: Medical Director at Stateville C.C.
Place of Employment: Wexford Health Sources, Inc.
- C. Defendant: Michael L Lemke
Title: Former Warden
Place of Employment: IDOC

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

II Defendants

D. Dr. Arthur Funk

Title: Northern Regional Director

Place of Employment: Wexford Health Sources, INC.

E. Michael Magana

Title: Former Stateville C.C. Warden

Place of Employment: IDOC

F. Randy Pfister

Title: Warden Stateville C.C.

place of Employment: IDOC

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Alann Vega v. Terry McCann,
et. al., 08-CV-04536
- B. Approximate date of filing lawsuit: Can't Remember
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: None
- D. List all defendants: _____
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Illinois
- F. Name of judge to whom case was assigned: _____
- G. Basic claim made: Cruel and unusual Punishment /
Conditions of Confinement
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Dismissed
- I. Approximate date of disposition: Can't Remember

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. Name of case and docket number:

A. Alann Vega v. Marcus Hardy Case No. 1-13-CV-08624

B. Approximate date of filing lawsuit: December 2, 2013.

C. N/A

D. N/A

E. Northern District of Illinois

F. Judge Zagel Magistrate Judge Kim

G. Religious Land Use and Institutionalized Person Act, First and Fourteenth Amendments.

H. Pending

I. N/A

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Some time on October 2011 the plaintiff was restrained with handcuffs, cuffed in the back for a long period of time. In spite of complaining about the shoulder pain that plaintiff was experiencing, tactical team officers also known as "Orange Crush" refused to cuff the plaintiff in the front to relieve the pain.

After having been restrained, plaintiff continue to experience pain every day. The plaintiff was kept from sleep due to the constant pain. Not only was the plaintiff experiencing shoulder pain but constant tingling pain with the right hand.

The plaintiff submitted numerous "Sick Call" requests asking to be seen by a doctor to obtain relief. In spite of the many written "Sick Call" request slips submitted as well as asking each nurse and Med tech that plaintiff would see -

on voice the Medical Complaint, the plaintiff wasn't seen until December 10, 2011 for "Sick Call."

The plaintiff was seen by Ms. Williams, the Physician Assistant and was prescribed 325 mg Acetaminophen and Analgesic balm for the pain. In spite of the medication prescribed by Ms. Williams, the right shoulder pain continued. In fact, the pain got worst. The plaintiff continued to be sleep deprived and wasn't able to use the right arm without experiencing increased pain.

The plaintiff kept requesting to be seen for "Sick Call" about a month after the plaintiff was seen by Ms. Williams on December 10, 2011.

The plaintiff was seen for Sick Call on February 29, 2012, and was prescribed 500 mg of Naprosyn. The shoulder pain continued to get worst in spite of faithfully taking the Naprosyn.

On April 12, 2012 the former Medical Director, Dr. Carter Injected the plaintiff with a Steroid in the right shoulder and recommended a MRI.

Dr. Carter got the Collegial Review approval for the MRI to be done at UIC.

The MRI was done on July 19, 2012. Dr. Carter then did a Collegial referral to be seen by the Orthopedic based upon the results of the MRI done on the right shoulder.

On July 27, 2012 the Orthopedic Dr. Benjamin A. Goldberg made a number of recommendations due to the MRI results; His recommendations were:

"physical therapy 3x a week, continue with non-steroidal anti-inflammatory medications for the plaguing pain."

Also a recommendation "to be seen by the Orthopedic Oncologist Dr. Farid for evaluation of the proximal humerus abnormal signal."

The Orthopedic made the recommendation due to a possible lesion or growing tumor on the bone, which could possibly be the beginnings of cancer.

The plaintiff saw Dr. Obasi on 9-30-13 to discuss what the Orthopedic consultation report. Dr. Obasi told the plaintiff "UIC doctors dont know what the hell they are talking about." Therefore, Dr. Obasi denied the Orthopedic's recommendations.

Instead of following the recommendations of the Orthopedic, Dr. Obasi referred the plaintiff to be seen by a Neurologist.

On March 13, 2015, the plaintiff was seen by the Neurologist. In the Neurologist assessment it was revealed "there was weakness in the right hand grip" and "had pain with full abduction of the arm above 90 degree." The Neurologist also recommended other testing. The pain medication that was recommended was given for only 3 months.

The plaintiff was scheduled for a number of X-Rays over at the Reception Center off of the main site of Stateville Correctional, which required transportation. However, as a result of lack of transportation by Security, majority of the X-Rays were canceled.

Attached to this complaint are a number of Emergency and Regular grievances complaining about the plaguing pain. Also, in the Grievance, complaints about the long duration of taking the naprosyn as it created a number of Medical problems. The plaintiff had started experiencing stomach pain, weight gain, high blood pressure, and always fatigue. The medication did not address the pain at all.

The plaintiff has attached all of the Grievances to prove Exhaustion of Administrative Remedies by Emergency Grievance response by the Warden and the Administrative Review Board in Springfield. Also, the plaintiff has included the final stage of the Grievance Appeal process by the Administrative Review Board on May 2, 2015.

The plaintiff continues to submit Grievances and letters to the Wardens and Dr. Obasi about the constant and the fear of a possible leison on the bone, which may be cancerous.

In spite of the numerous written and verbal complaints to Dr. Obasi about the daily pain, which disrupts daily activities of normal things, Dr. Obasi refuses to pursue any of the recommendations of the Orthopedic.

The plaintiff has asked Dr. Obasi could he allow the plaintiff to see whether or not physical therapy would help. Each time, Dr. Obasi would deny the request and a couple times he said : Wexford will not pay for you to get physical therapy.

The plaintiff has seen Warden Lemke, Warden Mogana and Warden Pfister either in the Housing Unit or in the kitchen /Dinning Room Area and had complained to them about Dr. Obasi allowing the plaintiff to suffer needlessly in pain. Each one of the Wardens took the plaintiff's name and I.D number down as if they were going to help the plaintiff, but nothing ever happened.

Also the plaintiff had written at one point Acting Warden Lamb about Dr. Obasi not providing adequate medical treatment to address the plaguing pain, nor does he desire to get to the source of the pain.

The plaintiff has expressed verbally and in writing the fears of a possible cancerous lesion on the bone but none of the Wardens has intervene on the behalf of the plaintiff. The plaintiff has asked Dr. Obasi a few times had any of the Wardens expressed the plaintiff's concerns about a possible cancerous lesion on the bone. Each time Dr. Obasi has said "no one has said anything to me about you."

Attached to this complaint are letters the plaintiff wrote to each Warden since none of the grievances have brought about any relief. The plaintiff had hoped between talking to all the Wardens as well as writing them they would had intervened like they told the plaintiff they would do, but as of (April 2015) nothing favorably has happened as a result of letters and grievances to all three Wardens.

The plaintiff has written Dr. Arthur Funk here at Stateville, his Springfield address and his corporate address but he has chosen to turn a blind eye to Dr. Obasi not getting to the source of the shoulder pain as well as possibly putting my life at risk.

The plaintiff has seen Dr. Funk in the Health Care and expressed how the plaintiff has been experiencing pain in the right shoulder since Oct. 2011 and Dr. Obasi refuses to get to the source of the pain as well as adhere to the recommendations of the Orthopedic, Dr. Funk just said "I'm sure Dr. Obasi is doing all he can for you."

The plaintiff is suing Wexford in its Official Capacity because of it's cost cutting and saving practices. Wexford at one time had two Physical Therapist but to save money the company cut one of the physical therapist, which makes it hard to be seen by the physical therapist due to long waiting list. Also, by only one physical therapist being available, it limits physical therapy referrals by Dr. Obasi.

It's been not only Wexford's cost cutting measures to have only one physical therapists but it's been a part of Wexfords customs and practices to limit the number of referrals for physical therapy.

The plaintiff is suing Wexford because the company can save money if it stays below a certain number of inmates being sent out to UIC Hospital and it's Clinic's. In fact Wexford and Illinois Department of Corrections have a vested interest to limit the number of inmates going out to UIC.

Wexford's policies and its upper level management advices it's Medical Directors to keep its referrals to UIC down.

The plaintiff is entitled to adequate medical treatment and cost cutting by Wexford or IDOC should ^{not} be a factor in getting to the source of the plaintiff's pain. The plaintiff has been in pain for over Four years and based upon the recommendation of the Orthopedic the Plaintiff could possibly have a tumor growing on the bone.

Since Stateville's Health Care cannot accomodate the recommendation of physical therapy, Wexford should either take on the financial responsibility at another medical facility that has a physical therapist. Or have another physical Therapist like Wexford had at one time at Stateville. There were two physical therapist at Stateville.

Wexford has customs and practices of delaying and denying medical treatment at UIC. It takes a number of ~~months~~ months to be seen by the various Specialist at UIC.

The plaintiff is suing Dr. Obasi in his individual capacity. In spite of four years of writing Dr. Obasi, talking to him since he's been the Medical Director about, the daily constant shoulder pain, he refuses to get to the source of the plaintiff's pain, in order for it to be treated.

Dr. Obasi refuses to accept that none of the medication prescribed has addressed the pain. Also, even the medication he has been prescribing is having a number of damaging side affects, he refuses to change the medication for two years.

Dr. Obasi has been given a possible solution to a treatment for the plaintiff's shoulder pain, and how the pain could possibly be life threatening by the Orthopedic. However he sends the plaintiff out to the specialist with what believed to be a desire to get to the bottom of the source of the plaintiff's pain. However, instead of adhering to the specialist recommendations, he says "they don't know what the hell they are doing at UIC."

Dr. Obasi isn't an Orthopedic nor is he an Oncologist but he can over rule the Oncologist and the Orthopedic's specialties.

The plaintiff is suing former Warden Lemke, Former Warden Michael Magana and current Warden Pfister in their individual capacity, because ~~both~~^{all} of them completely ignored the Emergency Grievances, regular grievances, letters and verbal pleas for help due to constant pain. UIC's recommendations were shown to all Wardens and informed of how Dr. Obasi refuses to send the plaintiff out to be evaluated by the Oncologist/Orthopedic and be given physical therapy. All Wardens have turned a blind eye to the plaintiff's constant daily pain, as well as a possible leison on the bone.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

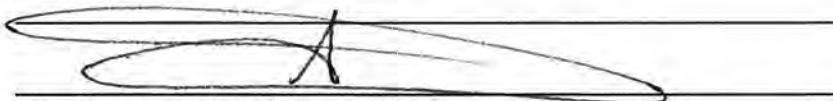
Injunctive Relief to be seen by an Oncologist/orthopedic, physical therapy and receive any and all recommendations by UIC doctors. To be compensated for compensatory and punitive damages determined by settlement conference or jury award. To receive all follow up appointments from all treating doctors at UIC. To receive all filing fees and copy cost. Whatever else the Court deems appropriate for relief.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 26 day of April, 20 16



(Signature of plaintiff or plaintiffs)

Alan Vega
(Print name)

R04203
(I.D. Number)

P.O. Box 112
Joliet, IL 60434
(Address)

Exhibit F

Copy

April 20, 2016

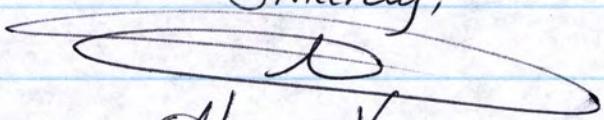
To: Warden Pfiester
From: Alann Vega (R04203) Delta 548

Dear Warden Pfiester,

During your tour in Delta house during the chicken pox outbreak quarantine, I had the opportunity to speak with you on February 24, 2016.

I informed you I had already submitted grievances, both regular and emergency about my ongoing pain as well as Dr. Obasi's refusal to follow the recommendations of the UIC Specialist. Whom speculated I could have bone cancer yet Dr. Obasi refuses to follow the recommendations that could determine if my ongoing pain is related to a cancer. This is the second letter I've written you concerning this serious medical issue that isn't being addressed properly.

Sincerely,



Alann Vega

Copy

December 15, 2015

To: Warden Pfiester
From: Alann Vega (R04203) D-548

Dear Warden Pfiester,

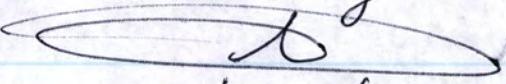
I have filed regular and emergency grievances with hopes of getting your attention of my serious medical need that needs to be addressed.

A Specialist at UIC recommended that I see an Oncologist, in order to determine if the pain I am experiencing maybe cancerous.

Dr. Obasi refuses to follow the recommendations and provide medication that will help relieve my constant pain.

Your attention to this serious medical need would be deeply appreciated.

Sincerely,


Alann Vega

March 25, 2014

To: Warden Magana
From: Alann Vega (R04203)

Dear Warden Magana,

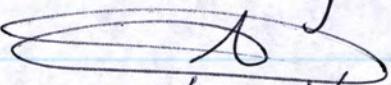
I recently saw you in the funnel and brought to your attention my serious medical problem.

I informed you I had already submitted an emergency grievance about Dr. Obasi's refusal to addressed my ongoing pain, nor following the recommendations of the Specialist at UIC Hospital.

In spite of you taking my information down, I'm still suffering daily pain.

Your attention to my concern would be deeply appreciated.

Sincerely,


Alann Vega

Copy

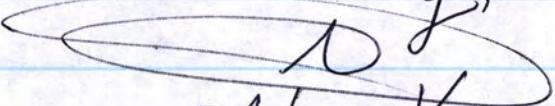
Oct 11
October 11, 2013

To: Warden Lemke
From: Alann Vega (#R04203)

Dear Warden Lemke,

On October 11, 2013 I received your response from the grievance officer and was very disappointed given the fact I had spoke with you, in regards to my medical complaints. You took my name and number as you convinced me that you would make sure my medical need would be properly addressed by Dr. Obasi and Wexford.

Every day I am in pain and wish that you would do all what is within your power to get me treated. Thankyou in advance.

Sincerely,

Alann Vega

Copy

November 5, 2013

To: Dr. Arthur Funk, Regional Director
of Wexford Health S.

From: Alann Vega #R04203

Dear Dr. Funk,

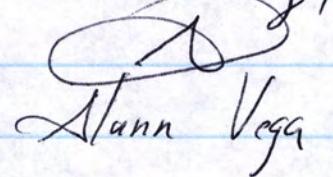
I have been complaining to Dr. Obasi about my plaguing pain for over two years. I have been through "sick call," seen by Dr. Obasi, submitted grievances yet I am still suffering in great pain.

I was told I could write you here at Stateville as you are able to receive correspondence through the Medical staff. Therefore, I hope and pray you will take the time to look into my medical complaint.

I have been in constant pain in my shoulder for 2 years. Dr. Carter sent me to a Specialist at UIC whom Dr. Obasi refuses to follow the recommendations. In addition, Dr. Obasi has not properly and consistently help medicate my pain until the UIC doctors can get to the root of my pain.

The hopefully , once they discover the root
of my pain I can be treated for it.

Dr. Funk, any help you can provide so
that I can be adequately be treated would
truly be appreciated. I am concern that the
cause of my pain can be cancer.

Sincerely,

Glenn Vega

December 15, 2015

To: Dr. Arthur Funk
Regional Medical Director for Wexford

From: Alann Vega (#R04203)

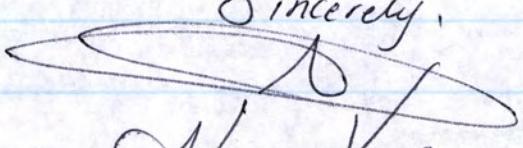
Dear Dr. Funk,

This is my second letter I've written you. My first letter was dated November 5, 2013.

I am simply writing you with the same complaint from my initial letter.

Dr. Obasi continues to refuse to follow the advice from the specialist from UIC nor will he constantly medicate me for my constant plaguing pain.

Sincerely,


Alann Vega

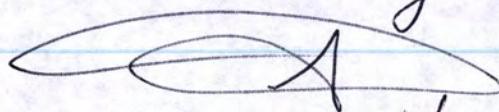
April 15, 2016

To: Dr. Arthur Funk
Regional Medical Director for Wexford
From: Alann Vega (#R04203)

Dear Dr. Funk

This would be the third letter I've written you. Please Dr. Funk, I need your help as the pain I am suffering is unbearable. Dr. Obasi refuses to do anything to get to the cause of my pain. He will not follow the advice from the UIC specialist nor constantly medicate me for my pain. Please help me!

Sincerely,



Alann Vega

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

B603

Date: <u>On going Problem</u>	Offender: (Please Print) <u>VEGA, ALANN</u>	ID#: <u>R04203</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	GRIEVANCE OFFICE

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time Disability
 Staff Conduct Dietary Medical Treatment HIPAA STA# 1788
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator Other (specify): _____
 Disciplinary Report: / / Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

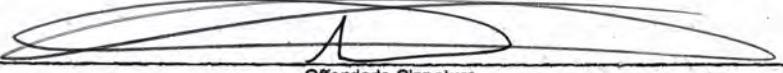
Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: After several request to HCU, on 12/10/11 I was scheduled for a sick call appointment. The Sick Call appointment was in reference to the painful symptoms I was experiencing on my right shoulder. I was seen by Dr. Williams and prescribed 325 mg of Acetaminophen and analgesic balm. The pain remained persistent and I was prescribed 500 mg of Naprosyn for the pain on 2/29/12. I have since been on 500 mg of Naprosyn. On 4/12/12 Medical director Carter injected a steroid injection into my right shoulder. It did not help, the pain continue and Dr. Carter scheduled me for an

Relief Requested: Send me to UIC Oncologist as recommended by UIC for further festing and give me an alternative pain medication other than Naprosyn.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

	<u>R04203</u>	<u>6/9/13</u>
Offender's Signature	ID#	Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: <u>6/9/13</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
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Response: _____ _____ _____	Print Counselor's Name	Counselor's Signature	Date of Response
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EMERGENCY REVIEW

Date Received: <u>6/24/13</u>	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes, expedite emergency grievance
		<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
		<u>6/25/13</u>
Chief Administrative Officer's Signature		Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

MRI at UIC which was approved. Following the MRI results on 7/27/12, UIC "doctor" recommended physical therapy 3 x 1wk for 2 months for RDM strengthening and pain control. As well as Follow up with Dr. Farid Orthopedic Oncologist for evaluation of proximal humerus bone lesion - New x-ray of (R) shoulder. (See Exhibit A Medical Records). This "humerus bone lesion" was explained to me by a UIC doctor that it could possibly be the beginning of a tumor on my humerus bone. This explanation was given to me as the MRI results revealed some abnormality on the humerus bone. Which was the reason for the follow up with Oncologist. Upon my follow up here at Stateville's C.C. HCU, on 8/21/12 per Dr. Obari evaluation of UIC's recommendation's. He (Obari) took it upon himself to give me a 1% Lidocaine HCL vial injection 1cc Sq daily to my right shoulder x 2 months without advising me or explaining to me in detail, including its risk, possible complications and probable consequences. In addition, Dr. Obari told me "UIC didn't know what the hell they were talking about" and "you don't need to see an oncologist." The pain did not cease and I was continued on 500mg Naproxyn. I have been scheduled for several x-ray's appointments that have been canceled for lack of transportation to Stateville's NRC. I have also been scheduled for the Medical Director OBASI but due to lockdown my appointment was canceled and I have not been re-scheduled. As a result of being on 500mg Naproxyn since 2-29-12, I have been experiencing high blood pressure, fatigue, gained weight and yet my painful condition has not changed. In conclusion, Stateville's C.C. HCU has ignored or refuses to schedule me for an appointment with the Oncologist in UIC as recommended by UIC doctor. I am in severe pain and I fear that their deliberate indifference to my medical condition may cause me greater physical damages to my health.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

B1021

Date: June 25, 2013	Offender: (Please Print) VEGA, ALANN	ID#: R04203
Present Facility: Stateville C.C.	Facility where grievance issue occurred: Stateville C.C.	

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time Disability
 Staff Conduct Dietary Medical Treatment HIPAA
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator Other (specify): _____
 Disciplinary Report: / / Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board, Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: On June 9, 2013 I filed an emergency grievance due to a substantial risk of imminent personal injury, serious and irreparable harm to self. The emergency grievance was in reference to my medical condition, where I complained about the agonizing pain I have been suffering from my right shoulder for over 2 years. As well as Stateville's C.C Medical Health Care refusal to follow UIC medical recommendations to be seen by Orthophatologist Dr. Fareed. Following MRI test result's due to a possible humerus bone lesion or the beginning of a cancerous bone tumor. (See Exhibit).

Relief Requested: For Stateville's C.C HCU (Dr.OBari) send me to UIC to see the Orthophatologist as recommended by UIC and find an alternative medication for pain relief other than "Naproxyn".

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature

R04203

ID#

6/25/13

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 7/22/13

Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: The original grievance & a copy have been forwarded to Mo G/O. There is no need to send you copy to Mo G/O & HCU. You will receive a final response from Mo G/O when the HCU responds the same.

Dominique McDonald

Print Counselor's Name

Counselor's Signature

7/23/13

Date of Response

EMERGENCY REVIEW

Date

Received: / /

Is this determined to be of an emergency nature?

- Yes; expedite emergency grievance
 No; an emergency is not substantiated.
 Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

/ /

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

In my unanswered Emergency Grievance, I also highlighted the fact I have been suffering serious side effects from being placed on "Naprosyn" since 2/29/12. As a result I have been experiencing high blood pressure, stomach pains, fatigue, and have retained weight. (See Exhibit).

Today 6/25/13 I was scheduled for an appointment to see the Medical Director Dr. O'Bari, where I explained all of the above. An innisted I continue to take "Naprosyn" for another 30 days and said he couldn't rend me to see the bone doctor in UIC.

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 7/29/13

Date of Review: 10/9/13

Grievance # M638

Committed Person: Alann Vega

ID #: R04203

Nature of Grievance: Medical Treatment

Facts Reviewed: Grievant would like go to UIC and different medication.

Grievance Officer finds that per T. Utke, LPN, "After reviewing offenders medical chart, I/M was seen by Dr. Obaisi on 9/30/13 X-Ray ordered and Mobic for pain no follow up indicated. If X-ray indicates abnormal result, I/M will be scheduled for a follow up."

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's/LPN's recommendation / diagnosis.

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

Anna McBee, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 10/10/13
 I concur

 I do not concur

 Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID #

Date

**ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE**

D598

Date: <u>Ongoing Problem</u>	Offender: (Please Print) <u>VEGA, ALANN</u>	ID#: <u>R04203</u>
Present Facility: <u>STA</u>	Facility where grievance issue occurred: <u>STA</u>	

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time
 Staff Conduct Dietary Medical Treatment
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator
 Disciplinary Report: / / Date of Report _____
- ADA Disability Accommodation
 HIPAA
 Other (Specify): _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I have been suffering serious pain on my right shoulder, which according to UIC could possibly be the beginning of bone cancer. UIC Doctor's prescribed me Gabapinta (Neuroten) to ease the pain as well as recommended I continue to take ~~also~~ Naprosyn for the pain as well. I have not received any of these two pain medications since 11/23/15. I have written several request to the Health Care Unit, spoken with Med tech's,

Relief Requested:

I need my pain medication.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature

R04203

11,30,15

ID#

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: / / Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62794-9277

Response:

Print Counselor's Name

Counselor's Signature

Date of Response

EMERGENCY REVIEW

Date Received: 12,10,15 Is this determined to be of an emergency nature? Yes; expedite emergency grievance
 No; an emergency is not substantiated.
Offender should submit this grievance in the normal manner.

12,11,15

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

as well as written and spoke with Warden of Programs Nicols about this problem, all have turned a deaf ear to my pleas.

I cannot sleep as I am in constant pain.

**ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE**

DSB

Date: 2-25-16	Offender: (Please Print) VEGA, ALANN	ID#: RO4203
Present Facility: Stateville C.C.	Facility where grievance issue occurred: Stateville C.C.	

NATURE OF GRIEVANCE:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Personal Property | <input type="checkbox"/> Mail Handling | <input type="checkbox"/> Restoration of Good Time | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct | <input type="checkbox"/> Dietary | <input checked="" type="checkbox"/> Medical Treatment | <input type="checkbox"/> HIPAA |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | | <input type="checkbox"/> Other (Specify): MAR 02 2016 |
| <input type="checkbox"/> Disciplinary Report: / / | | Date of Report | Facility where issued STA# 1064 |

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved)

On February 25, 2016 I was scheduled for In-house Sick Call. During my appointment I complained to the nurse that I am still experiencing agonizing pain in the bones of my right shoulder/arm. I told her the pain medication I was been given no longer has any effect on my pain other than give me side effects like rash on my skin and kidney pain. She said theres nothing she can do until the Med. Director sees me yet it has been over 2 months of waiting to see him.

Relief Requested: I am requesting for Wexford, Dr. Obasi to follow UIC recommendations to send me to an Orthologist.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature

RO4203 2-25-16
ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: / / Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62784-8277

Response:

Print Counselor's Name

Counselor's Signature

Date of Response

EMERGENCY REVIEW

Date Received: 3/4/16 Is this determined to be of an emergency nature? Yes; expedite emergency grievance
 No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature Q 3/7/16 Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

UIC gave the Med. Director specific recommendations to follow for example sending me to see an oncologist for possible bone tumor yet Dr. Obasi refuses to send me out for testing.

Date: <u>On going Problem</u>	Offender: (Please Print): <u>VEGA, ALANN</u>	ID#: <u>R04203</u>	
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u>		
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Disciplinary Report: <u>/ /</u>	Date of Report: <u>MAR 21 2014</u>	Facility where issued: <u>Stateville</u>	
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.			
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.			
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>According to MRI results and UIC doctors diagnosis, grievant is suffering from bone cancer or a humerous bone injury. UIC's recommendation was for grievant to see an Oncologist for further testing and receive physical therapy, both which were denied by Dr. Obasi and Stateville C.C officials. Following an emergency grievance, Dr. Obasi decided that "UIC doesn't know what the hell their talking about"; instead he decided to change my pain medication from Naproxen after 2 years to Mobic. However, grievant subscription for Schedule appointment with UIC Oncologist and for the time being re-new my pain subscription.</u>			
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.  Offender's Signature			
		ID# <u>R04203</u>	Date <u>3/10/14</u>
(Continue on reverse side if necessary)			
Counselor's Response (if applicable)			
Date Received: <u>/ /</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: <u>Inmate Issues</u>	<u>MAR 31 2014</u>		
Print Counselor's Name	Counselor's Signature	Date of Response <u>/ /</u>	
EMERGENCY REVIEW			
Date Received: <u>3/21/14</u>	Is this determined to be of an emergency nature?		<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature <u>Mufael Haggan 4/8</u>		Date <u>3/24/14</u>	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

pain medication (Mobic) ~~was~~ expired on 12/30/13. Grievant has consistently written several request to the Health Care Unit and Dr. Obasi asking for a refill. Grievant has also personally spoken with several med tech's / nurses concerning this matter to no avail. Grievant has pleaded with them and stressed the amount of pain he is in, so much pain it's preventing grievant from doing the most minimal task and has been experiencing stomach pains.

870(28) 375071

ILLINOIS DEPARTMENT OF CORRECTIONS
STATEVILLE CORRECTIONAL CENTER
Offender Sick Call / Medical Services Request

Date Written: 1-13-15Name: VEGA. AI/M Number: ROY203

Housing Unit: _____

Select type of request:

Medical: Dental: _____ Eye: _____ Mental Health: _____ Other (specify): Refill

Briefly state your request: I need to see the Medical Director about my on-going chronic shoulder pain and refill my pain meds;

For official use only

Date Received

Date Scheduled

\$5.00 Co-pay

Print Staff Name

Staff Signature

Distribution: HCU
File

Printed on recycled paper

STA 0202 (Rev 4/2013)

*to be used with DOC 0296

ILLINOIS DEPARTMENT OF CORRECTIONS
STATEVILLE CORRECTIONAL CENTER
Offender Sick Call / Medical Services Request

Date Written: 1-20-15

Name: Vega, A

I/M Number: R04203

Housing Unit: D-548

Select type of request:

Medical:

Dental: _____

Eye: _____

Mental Health: _____

Other (specify): _____

Briefly state your request:

I need to be seen for sick call.

For official use only

Date Received

Date Scheduled

\$5.00 Co-pay

Print Staff Name

Distribution: HCU
File

Printed on recycled paper

Staff Signature

STA 0202 (Rev 4/2013)
to be used with DOC 0296

ILLINOIS DEPARTMENT OF CORRECTIONS
STATEVILLE CORRECTIONAL CENTER
Offender Sick Call / Medical Services Request

Date Written: 1-25-15

Name: VEGA, A I/M Number: RO4203 Housing Unit: D-548

Select type of request:

Medical: Dental: _____ Eye: _____ Mental Health: _____ Other (specify): _____

Briefly state your request: I need to see the Medical Director about my ongoing chronic shoulder pain.

For official use only

Date Received

Date Scheduled

\$5.00 Co-pay

Print Staff Name

Distribution: HCU

Staff Signature

File

Printed on recycled paper

STA 0202 (Rev 4/2013)

to be used with DOC 0206

NBC 2-15-15

Jaket Hanna Former CPD
Paul Tchevernia
Danny

Shannon Spalding

ILLINOIS DEPARTMENT OF CORRECTIONS
STATEVILLE CORRECTIONAL CENTER
Offender Sick Call / Medical Services Request

Date Written: 9-4-13

Name: VEGA-A

I/M Number: R04203

Housing Unit: B1024

Select type of request:

Medical: Dental: _____ Eye: _____ Mental Health: _____ Other (specify): _____

Briefly state your request: I need to see the Medical Director
for an ongoing shoulder pain.

For official use only

Date Received

Date Scheduled

\$5.00 Co-pay

Print Staff Name

Staff Signature

Distribution: HCU
File

Printed on recycled paper

STA 0202 (Rev 4/2013)
to be used with DOC 0296

Exhibit

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

DSB

Date: <u>Ongoing Problem</u>	Offender: (Please Print) <u>Vega, Alann</u>	ID#: <u>R04203</u>
Present Facility: <u>STA</u>	Facility where grievance issue occurred: <u>STA</u>	

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time ADA Disability Accommodation
 Staff Conduct Dietary -Medical Treatment HIPAA
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator Other (Specify): APR 07 2016
- Disciplinary Report: Date of Report _____ Facility where issued STA # 11010

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shadowbox Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I have been suffering from a lesion to my right humerus bone. I was approved by collegial Review for a follow up with UIC Neurologist for April 4, 2016. However, Stateville's Health Care did not schedule the follow up appointment and I was not sent out to see the specialist. I have been in constant pain and ask to please follow the health treatment plan as recommended by UIC's specialist.

Relief Requested: To be schedule an appointment with UIC's Neurologist as approved by collegial Review.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Counselor's Signature

R04203

ID#

415116

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277

Response:

Print Counselor's Name

Counselor's Signature

Date of Response

EMERGENCY REVIEW

Date

Received: 4.7.16

Is this determined to be of an emergency nature?

 Yes; expedite emergency grievance No; an emergency is not substantiated.

Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

4.8.16

Date

**ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)**

15 548

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or CorrespondenceOffender: Vega

Last Name

First Name: Alann

MI

ID#

Facility: 8TA Grievance: Facility Grievance # (if applicable)Received: 3/31/14

Date

not provided

Dated:

3/10/14

or Correspondence: Dated:

Regarding:

bone cancer - UIC recom.
denied by 8TA Dr's., meds 12/30/13.

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
 - Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
 - Provide dates of disciplinary reports and facility where incidents occurred.
 - Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277
- not provided.

Misdirected:

- Contact your correctional counselor regarding this issue.
- Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- Contact the Record Office with your request or to provide additional information.
- Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- This office previously addressed this issue on 1/1/14.
- No justification provided for additional consideration.

Other (specify):

Last date cited 12/30/13, filed w/ CAO 3/21/14,
over 60 days. Also - you failed to provide
the above w/ this submission.

Completed by:

Print Name

Signature

Date

Sherry Benton 5/2/14
No charges for UIC or JDOC denial either.



Illinois
Department of
Corrections

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

PAT QUINN
Governor

S.A. GODINEZ
Director

Offender Name: Vega, Alann
Register # R04203
Facility: Stateville

Date: 5/10/14

This is in response to your grievance received on 11/6/13. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 10/25/13 Grievance Number: M638 Griev Loc: Sta/HCU

- Transfer denied by the Facility or Transfer Coordinator
- Dietary _____
- Personal Property _____
- Mailroom/Publications _____
- Assignment (job, cell) _____

- Commissary _____
- Trust Fund _____
- Conditions (cell conditions, cleaning supplies) _____
- Disciplinary Report dated _____
Incident # _____
- Other HCU visit 6/25/13 w/ Dr. Obaisi
needs pre script bed.

Based on a review of all available information, this office has determined your grievance to be:

- Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- Denied, in accordance with DR504F, this is an administrative decision.
- Denied, this office finds the issue was appropriately addressed by the facility Administration.
- Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)
- Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision.
- In addition, property items are to be disposed of in accordance with DR501C.
- Other: Medications prescribed are at the order/
discretion of treating Physician. Other medications
are past time frames.

FOR THE BOARD: Sherry Benton CONCURRED: S.A. Godinez

Sherry Benton
Administrative Review Board

S.A. Godinez
Director

CC: Warden, Stateville Correctional Center
Vega, Alann, Register No. R04203

TA
5/12/14

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and Report

Stateville
(Facility)

Offender's Name Vega, Alann ID# R04203

Reason for Referral Consult Non-Formulary Medications Medical Equipment;
 Evaluation Management
 Procedural/service (specify) _____
 Other (specify) _____

Urgent Yes No

Referred to UIC orthopedics

7/27/12

Rationale for Referral (R) Rot cuff injury 8 mos ago. Has failed conservative mgmt + steroid inj.

CAREC

Print Referring Practitioner's Name

T. K. Latour

Referring Practitioner's Signature

5/3/12

Date

Report of Referral (Use Reverse Side, if necessary)

Findings: (R) shoulder supraspinatus tendinopathy, abnormal signal in proximal humerus. (R) shoulder - PROM E/F 110°, IR in abduction to 40°

Assessment (R) shoulder rotator cuff tendinopathy, adhesive capsulitis proximal humerus bone lesion

Recommendations/Plans - Physical Therapy 3x/wk x 2 months for ROM, strengthening
 - pain control
 - F/U w/ Dr. Farid Orthopaedic Oncologist for evaluation of proximal humerus bone lesion
 - New x-rays of (R) shoulder

J.R.K.

Referring Practitioner's Signature

Orth. resident

7/27/12

Date

Facility Medical Director's Signature

I have reviewed the recommendations:

Approve

Deny with reasons and attach the following statement to this section to date to denial or revision
 DCC ... 58

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 07/01/2013 15:44:20
Subject: Inmate Name: VEGA, ALANN
Inmate Number: R04203
Site: STATEVILLE CC
Service: 99202 OFFICE/OUTPATIENT VISIT NEW

NON APPROVED

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

COLLEGIAL 7/1. REQUEST FOR ORTHO F/U AT UIC DISCUSSED BY DR. GARCIA DURING COLLEGIAL WITH DR. OBAISI FOR A PATIENT WITH RIGHT SHOULDER PAIN AND WHO HAS UNDERGONE MRI'S AND X RAYS THAT WERE ALL NEGATIVE. AN ALTERNATE TREATMENT PLAN WAS APPROVED TO HAVE DR. OBAISI FOLLOW UP WITH THE INMATE ONSITE.

From: Dr. Garcia
Dedicated Utilization Management Physician

2. Appeal Filed (Date/Time)

a. Appeal Information

Signature of Appellant

b. Appealed Decision:

From: _____
Dedicated Utilization Management Physician

5. I want a second opinion of the denied appeal.

Signature: _____ Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: Dolci Date/Time: 2-3-13

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Foster Plaza 2 - 425 Holiday Drive - Pittsburgh, PA 15220
877-939-2884 or 800-353-8384-Phone 412-937-9151 or 412-922-5638-Fax
WWW.WEXFORDHEALTH.COM

STATE OF ILLINOIS)
) SS
COUNTY OF WILL)

NOTICE OF PROOF OF SERVICE AND AFFIDAVIT

To: U.S District Court
Northern District of ILL.
219 S. Dearborn, 20th FL.
Chicago, IL 60604

1. Notice is hereby submitted on the 28 day of April, 2016, by me personally presenting the (3) Motion to proceed in Forma Pauperis, (3) Motion for Appointment of Counsel and (8) Complaint pursuant to 42 U.S.C 1983
2. Furthermore, delivered personally to penal officer with agreement to guarantee delivery through U.S. Mail to the above address(es), with proper postage paid.
3. Pursuant to 735 ILCS 5/1-109 and 28 U.S.C. 1746, I declare under penalty of perjury, that I have read the documents and that the information contained therein is true and correct to the best of my knowledge.

/s/

Alann Vega
Registered Prison No. R04203
Stateville Correctional Center
P. O. Box 112
Joliet, IL 60434